**PATIENT**

Balou Clemont

PRESENTING CLINICAL SIGNS

Occasional coughing, history of regurgitation. In addition, suspicious for pulmonary lesions- have been stable since Feb. radiographs.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Labs WNL except for Glucose slightly elevated. **Please see attached in link.

BREED

German Shepard

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

The area of the prostate is examined without evident prostatic pathology.

AGE

10yr 2mos

The right kidney is normal in size (8.58 cm), shape, and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex-to-medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral, or infarcts observed.

WEIGHT

112lbs

The left kidney is normal in size (7.67 cm), shape, and echogenicity. An approximately 1 cm cortical cyst is noted. It has smooth peripheral margination. There is a normal 1:3 cortex-to-medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral, or infarcts observed.

Adrenal Glands**INTERPRETED BY**Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (0.68 cm caudal pole), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is difficult to fully visualize in these images.

The left adrenal gland is normal in size (1.73 cm cranial, caudal 0.65 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Amy Mayhew, LVT

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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10268

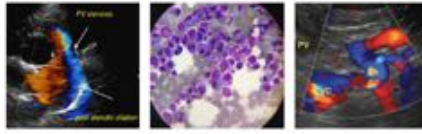
Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

DATE

6/19/2023

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of

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obstruction, foreign material, or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

BREED

German Shepard

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Neutered Male

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

10yr 2mos

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

WEIGHT

112lbs

The mesenteric lymph nodes are prominent in size with swollen capsular contours. Normal elongated shape (length-to-width ratio) is maintained. There is no loss of parenchymal detail. Medial iliac lymphadenopathy is noted, with a mildly irregular rounded appearing right medial iliac lymph node measuring 1.5 cm x 2.7 cm, is also present.

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**Beth Johnson, DVM
DACVIM

- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- **Moderate Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely. The medial iliac lymphadenopathy described above could also be reactive, however given the almost rounded appearance infiltrative neoplasia such as lymphoma cannot be ruled out without tissue sampling.

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SECONDARY FINDINGS

- Cortical cyst in the left kidney

DATE

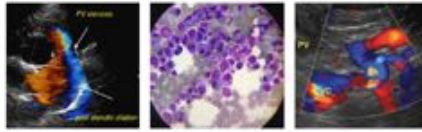
6/19/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's mild hypercalcemia and lymph node changes, further evaluation of possible infiltrative neoplasia such as lymphoma is recommended via a fine needle aspirate of at least the right medial iliac lymph node, if it can safely be reached, and if the patient's coagulation status is appropriate.

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Additionally, if not recently evaluated a thorough palpation of the peripheral lymph nodes is recommended. PTH-ionized calcium and PTHRP (malignancy panel) is also recommended. Pending results of the above given the concurrent mildly increased potassium baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

SPECIES

Canine

Pending results of those diagnostics, if a diagnosis is still not obtained a fine needle aspirate of the liver could be considered, as could a gastrointestinal malabsorption panel (including cobalamin, folate, TLI, and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

BREED

German Shepard

In the meantime, given the reported regurgitation empirical antacid therapy could be considered to address the possible esophagitis, GERD, other.

SEX

Neutered Male

AGE

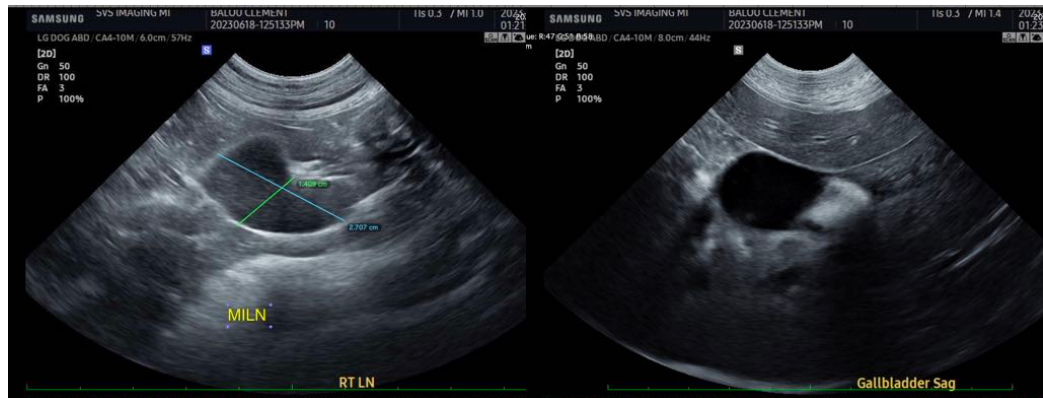
10yr 2mos

WEIGHT

112lbs

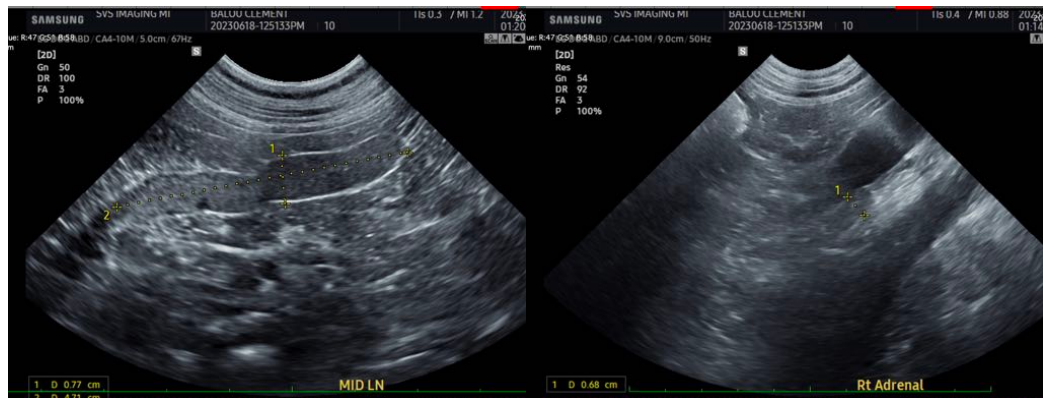
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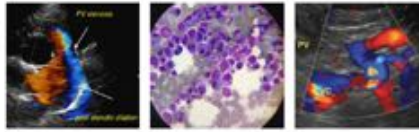
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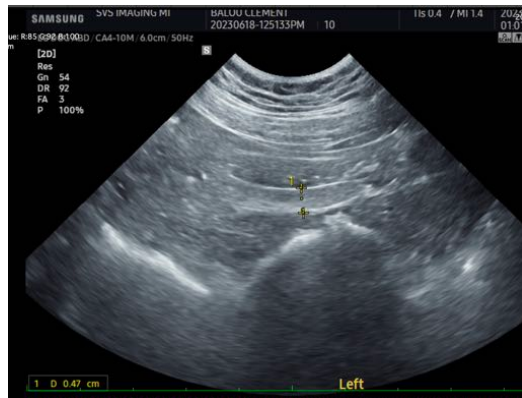
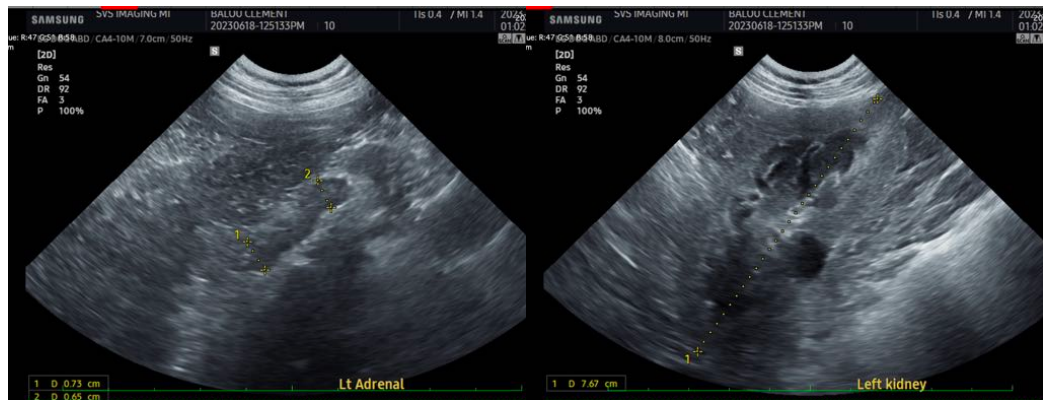
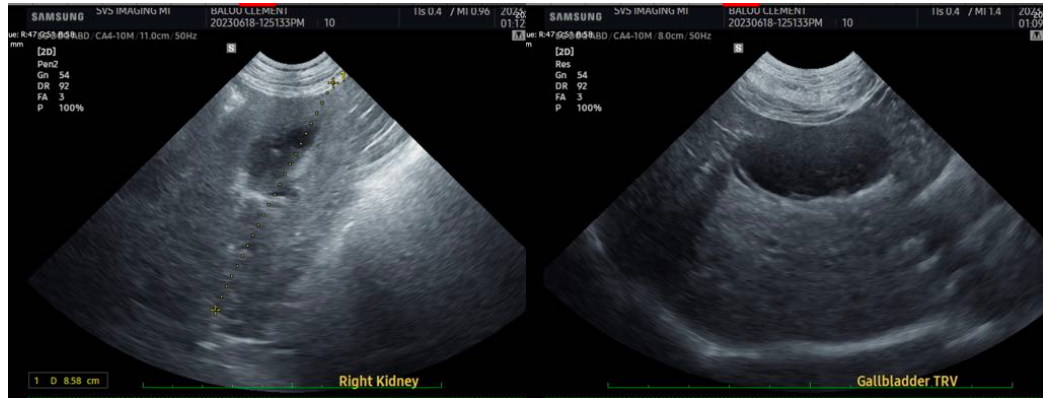
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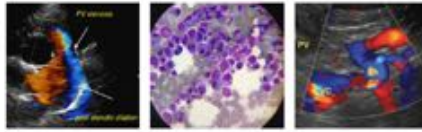
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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